

Bulletin

July 19, 2007

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

OF INTEREST TO

- County Directors
- Social Services Supervisors and Staff
- Tribal Leaders
- Tribal Social Services Directors
- County Attorneys

ACTION/DUE DATE

Please ensure the child welfare portion of the county/tribal disaster preparedness plan is implemented by September 28, 2007.

EXPIRATION DATE

July 19, 2009

Child Welfare Disaster Preparedness Plans

TOPIC

A new federal requirement for child welfare disaster preparedness plans that all state and tribal child welfare agencies need to develop and implement in case of a disaster.

PURPOSE

To develop and implement disaster planning that meets the needs of children in the care of the child welfare system.

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SIGNED

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1. New Federal Requirement

In case of a natural or man-made disaster, all Minnesota counties and tribes must develop and implement a plan for how state programs funded through Title IV-B, part 2, and Title IV-E would respond to a disaster, including steps to:

- Identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster
- Preserve essential program records, and coordinate services and share information with other states. [Section 422 (b)(16) of the Act].

2. Action Needed

The child welfare portion of the county or tribal child welfare agency's disaster preparedness plan that addresses each of the federal criteria listed above must be implemented by Sept. 28, 2007. If an agency does not have a child welfare disaster preparedness plan, use the attached document and the guidance in this bulletin to develop and implement a plan by Sept. 28, 2007.

County and tribal staff should work with contracted providers to identify roles and responsibilities and include these provisions in their contract for services.

3. Background

Across the country, natural disasters, man-made crises, or medical events can affect the routine ways child welfare agencies operate and serve children, youth and families. It is especially important for agencies caring for vulnerable populations, such as abused and neglected children, to prepare for these disasters. Federal statute, under the Child and Family Services Improvement Act of 2006, now requires states, counties and tribes to develop plans in preparation for a disaster.

Fortunately, many of the steps agencies might take to prepare for disasters can also strengthen systems critical to ongoing agency management. For example, an agency may need to enhance automated information systems to enable staff to access case information from any location during a disaster. But more accessible automated systems could also improve the agency's success in managing cases on a day-to-day basis. This effort serves a dual purpose, to help managers think through what they might put in place to cope with disasters, and taking these steps can improve systems for serving children and families.

Natural or Man-Made Disaster (from United States Government Accountability Office report):

Two 2005 disasters, Hurricanes Katrina and Rita, resulted in prolonged interruption of child welfare services, and the dispersion of thousands of Louisiana's child welfare children to 19 states. Also in 2005, 29 states and Puerto Rico experienced federally declared disasters. Severe storms and flooding were the most commonly experienced disasters. A disaster can affect states that do not directly experience the disaster when they receive children evacuated from states experiencing the disaster. Of Louisiana's 5,000 foster children, close to 2,000 were displaced by Hurricane Katrina. During that time, child welfare officials did not have up to date emergency contact information, which made it difficult to find foster families that had to evacuate.

There were no federal requirements for states to develop plans to address the needs of children during disasters prior to 2006. Without disaster plans, states have been unprepared to provide continuity of services for children and families who have been dispersed to or from other counties in the state or across state lines. According to the U.S. Department of Health and Human Services (HHS), states have developed information technology-related disaster recovery plans that address the need for preserving essential information recorded in electronic case records.

Pandemic Influenza (from www.hhs.gov):

In each of the three previous 20th century pandemics, about 30 percent of the U.S. population developed illness, about half sought medical care. Children tended to have the highest rates of illness, though not of severe disease and death. Geographical spread in each pandemic was rapid and virtually all communities experienced outbreaks.

Pandemic planning for children in the child welfare system and/or out-of-home placement is based on the following assumptions about pandemic disease:

- Susceptibility to the pandemic influenza subtype will be universal.
- The clinical disease attack rate will be 30 percent in the overall population. Illness rates will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak.
- Of those who become ill with influenza, 50 percent will seek outpatient medical care.
- Risk groups for severe and fatal infections cannot be predicted with certainty. During annual fall and winter influenza season, infants and the elderly, persons with chronic illnesses, and pregnant women are usually at higher risk of complications from influenza infections. In contrast, in the 1918 pandemic, most deaths occurred among young, previously healthy adults.
- The typical incubation period (the time between acquiring the infection until becoming ill), for influenza averages two days. It is assumed that this would be the same for a novel strain that is transmitted between people by respiratory secretions.

- Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk for transmission will be greatest during the first two days of illness. Children will shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission.
- On average about two secondary infections will occur as a result of transmission from someone who is ill. Some estimates from past pandemics have been higher, with up to about three secondary infections per primary case.
- In an effected community, a pandemic outbreak will last about six to eight weeks. At least two pandemic disease waves are likely. Following the pandemic, the new viral subtype is likely to continue circulating and contribute to seasonal influenza.
- The seasonality of a pandemic cannot be predicted with certainty. The largest waves in the U.S. during 20th century pandemics occurred in the fall and winter. Experience from the 1957 pandemic may be instructive in that the first U.S. cases occurred in June, but no community outbreaks occurred until August and the first wave of illness peaked in October.

4. Create A Plan

Refer to “Coping with Disasters and Strengthening Systems, A Framework for Child Welfare Agencies” developed by the Children’s Bureau, U.S. Department of Health and Human Services, for guidance in preparing a disaster preparedness plan. The document is attached. The following is an excerpt:

Before a Disaster: At a Glance

Create a Plan

- Assess the types of disasters the agency might face.
- Develop a child welfare disaster plan (coordinate with department-level and statewide disaster plans, assign person responsible, consult with stakeholders, state expectations for providers, write the plan—how to manage, build critical infrastructure, prioritize).
- Conduct or participate in drills on all levels.
- Update the plan regularly.

Prepare to Manage

- Designate managers in charge and backups.
- Identify essential functions; designate staff and backups to oversee these functions, provide training; plan for communication.
- Assign other critical roles (media, volunteers, liaisons to other states, liaisons to contract agencies, federal partners and courts).
- Stress leadership.

- Consider post-disaster workload demands and resources.
- Identify locations for operations (prepare buildings, consider generators, determine possible alternative locations).
- Prepare disaster supply kits.
- Consider flow of funds.

Enhance Critical Infrastructure

- Coordinate with key partners:
 - Work with emergency management agencies
 - Establish liaisons with other states/counties to coordinate services and share information
 - Build collaborations with other relevant county agencies and programs
 - Collaborate with service providers
 - Coordinate with courts
 - Establish liaisons with state partners
 - Identify potential volunteers and their tasks
- Develop communication systems:
 - Establish toll free numbers
 - Establish and use internal communication systems
 - Designate Web sites for disaster information
 - Arrange for and use communication technology.
- Strengthen information systems:
 - Build on existing plans
 - Store critical information in statewide automated systems
 - Provide access to automated systems
 - Protect vital records (e.g. off-site backup, protect computers)
 - Protect equipment
 - Assess paper records.
- Prepare staff and contractors:
 - Encourage staff to develop personal disaster plans and keep them updated; store information from the plans so they are accessible during a disaster
 - Require staff to check in after disasters and provide information on how to do so
 - Keep emergency supplies in offices
 - Train all staff on agency disaster plan; participate in drills
 - Establish support services for staff
 - Develop expectations and support for contracted staff.
- Prepare families, providers and youth:
 - Require foster families, families in the process of adopting state wards, and providers to develop disaster plans and keep them updated; store information from the plans so

- it is accessible during a disaster
- Require families, providers and youth to check in after disasters
- Provide families, providers and youth with information on emergency preparedness
- Prepare birth families and families receiving in home services
- Collect critical identifying information for birth parents when possible; store contact information so it is accessible during a disaster
- Offer training.

5. Child Welfare Disaster Preparedness Plan - Minimum Criteria

Foster parents, relative caregivers, adoptive families, group homes, residential treatment centers, other facilities serving children in the care of child welfare agencies (e.g.: psychiatric hospitals), and all children in the child welfare system, must be included in disaster preparedness planning. They need to know what to do during a disaster, and that the agency needs to locate them.

In case of a natural or man-made disaster:

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- ☐ How will the child welfare agency identify, locate, and continue availability of services for children in out of home placement who are displaced or adversely affected by a disaster?
- ☐ How will the child welfare agency respond to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases?
- ☐ How will the agency remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster?
- ☐ How will the agency preserve essential program records?
- ☐ How will the agency coordinate services and share information with providers and states/counties? (e.g.: children placed out of state, counties who may need to use resources across state/county borders).

Special Needs

This information is available in other forms to people with disabilities by contacting us at (651) 431-4671 (voice). TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

Attachments:

Link to Coping with Disasters and Strengthening Systems, A Framework for Child Welfare Agencies:

<http://muskie.usm.maine.edu/helpkids/rcpdfs/copingwithdisasters.pdf>